THERAPLAY: Staying in life's performance zone with play.

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HOMO LUDENS: MAN THE PLAYER
HOMO COGITO: MAN THE THINKER
1947 words

This brief paper will introduce an update on a therapy originally developed by Jernberg (1979) for the American Head Start Programme for use with children and parents. Theraplay was based on John Bowlby's (1969) attachment theory and was started by Jernberg in Chicago. The present use of theraplay is for young adults to deal with negative mood and mood disorders resulting from stress, anxiety or depression. It is for the sad, lonely, sluggish, miserable or melancholic amongst us as well as the worried well.

Theraplay is based on a 'play ethic' to balance a generally accepted 'work ethic' and incorporates play, fun and laughter, behaviour which is often lacking or depleted in the clients previously mentioned. If we examine the work of the Dutch historian, Johan Huizinga (1927- 1945) who wrote the book "Homo ludens: A study of the play-element in culture" (1938) we find that Homo ludens refers to the playful human. The word "Ludo" is derived from the Latin word Ludus meaning game. The game of ludo itself was patented in England in 1896. Also from this we get the word "ludology" meaning game studies. We tend to assign some utility to play, however Huizinga argues that its essence is a primordial quality involving intensity and absorption. It is a fundamental of life which, he says, comes from the mind (it is not matter) and from the very beginning of life it is crucial in all aspects of development. He argued that the concept of play is central to human exploration of life. Huizinga stressed that "Homo ludens" man the player, has the unique ability of Homo sapiens to laugh and see the humorous side of life. (Some research on primates, challenges the assumption that only humans have the ability to laugh). Even Michael Oakeshott (1975) the British philosopher, believed in laughter to counteract a sense of emptiness or despair and said "cheerfulness is compatible with sadness".

Humour is frequently culturally specific. We hear references to American humour, British humour or Australian humour all of which have their own unique idiosyncracies. Some humour has a collective consciousness and is borderless. It is the skill of the therapist to help the client identify his/her own humorous triggers and to use these in mood change. Using beta- endorphins (a natural 'happy' drug) from physical play to lift mood as well as connecting with others for balancing dopamine (another natural 'happy' drug or mood raiser) are core ingredients in theraplay. Challenging negative self-talk, core beliefs and cognitive distortions , CBT strategies, remain central to this therapy. A brief case study will be presented as illustration of theraplay's use.

CASE STUDY

Chow presented for therapy with many symptoms of clinical depression. The seriousness and degree of depression was first assessed with a DASS (Depression, Anxiety and Stress

Scale) (Lovibond) and a BDI (Beck Depression Inventory) and a referral to a medical doctor for medication was discussed. Chow was not losing reality and was able to benefit from psychological therapy. Chow 's background was the following. His family was from the Mongolian border of China and he had originally come to university as an international student to study Information Technology.
Chow was a very sad young man, alienated from peers and spending many hours alone. He reported that he was 26 years of age and that he had never had a special friend or been in a close relationship. He lived with his parents in a middle class home and spent most of his time at his computer in his bedroom. Students often spend up to sixteen hours a day at their personal computer especially students in the hard sciences. A few may even stay in bed all day playing games such at the World of War Craft or surfing on a portable computer. For some it can be classed as an addiction and is frequently correlated with low affect and minimal physical or social activity.

Following clinical assessment perhaps using a number of psychological assessment tools, and depending on degree of depression and level of medication, therapy is initiated covering the following variables.

ACTIVITY LEVEL
The activity level of the client is measured, both present and past, and specific activities the client has pursued at various times in his/her, life are noted. In therapy the client is encouraged to include 20-30 minutes of physical play as his "medicine" daily. The author recommends the provision of a gym membership in preference to heavy, expensive medication which often leads to hospitalization. The emphasis is on getting the body moving in some satisfying way.

CONNECTEDNESS.
There is a story related by Oakeshott (1959) which stresses the importance of conversation for the sake of human partnership. Oakeshott writes that "man was descended from apes who sat in talk so long and so late, that they wore out their tails". He goes on to argue that "it is the ability to participate in conversation…which distinguishes the human being from the animal and the civilized man from the barbarian". In therapy, a visual sociogramme of the human connections of the client, is prepared. This again can be seen in an historical as well as a current context. Family, friends, pets, work colleagues, clubs, classes etc are all noted. An important component of therapy is to explore new human contact or linking with former colleagues and friends as well as finding new venues and events to visit. A visual rendition of Chow's sociogramme (Moreno) is slowly built up using a white board or drawing paper.

SENSE OF HUMOUR.
Humour in the client's life is probed. What makes him/her laugh? What used to make him/her laugh in the past? Humour quotient can be measured with a series of cartoons originally prepared by Hans Eysenck (1975) updated by the author These cartoons can identify degree and style of humour and clients are asked to rate cartoons on a five point Likert type scale from "not at all funny" to "extremely funny". Their scores might

fluctuate according to their degree of clinical need. Frequently a sense of humour has all but been lost in the current stressful circumstances of the client. In theraplay the humour of the culture needs to be explored. The client has this knowledge and can share it with the therapist. In the case of Chow Mein, he had certain Chinese videos that he had previously thought hilarious. He was encouraged to include three short (20-30 minutes) humour sessions each day as part of his stress reduction and improved immune function. Some clients might choose a favourite television or radio programme, cartoon or jokes to "lighten up" or to challenge their negative thinking and serious lifestyle.

LIFESTYLE

An investigation is made of current lifestyle on an hourly, daily, weekly and monthly basis. The therapist determines how much time the client's body is vertical compared to horizontal or sitting, in a twenty four hour period. Knowing the client's resting heart rate is also helpful in guiding the client in theraplay. The client's physical health is discussed before theraplay can be instigated. Should medical checks of blood pressure or other tests be needed, a referral would be made to the relevant specialist or general practitioner. Some clients are unable to participate in gross motor physical activity and can only engage in fine muscle work initially, such as indoor juggling or chucks (five stones) . Research from a number of sources suggests that juggling for half an hour a day over a three month period, significantly increases the grey matter in the cortex (Stockholme).

MOODOMETER.

The changing of mood is a core part of theraplay. Mood can be measured in a number of ways as with Profile of Mood State (Lorr, McNair, Hauchert and Droppleman, 1971) or with the moodometer (Tindle, 2006) which is based on the Yerkes-Dodson (Yerkes and Dodson, 1908) inverted U-shaped curve which displays the level of arousal required for different tasks to enable an individual's peak performance in these tasks. The therapist can work with the client to identify time, place and people in their lives who impact on their moods. (Who? Where? When? What? How?). Further, specific strategies can be included to move the client along the scale from the low arousal to the centre or from the very high arousal to the centre. One entails the inclusion of activities to increase arousal; the other using activities and skills, such as yoga, meditation, relaxation, controlled breathing and some exercises, to reduce arousal. Some bodily movement or dancing to favourite music may be used in the theraplay.

WORST CASE SCENARIO WORK

Frequently the worried or fearful client interprets events or situations in a catastrophic way, seeing doom and destruction lurking on the horizon or around every corner. This can produce anxiety or even panic attacks. Worst case scenario work can put their situation in perspective without taking the seriousness of the situation and the client's pain, lightly, and is usually done with the help of the Worst Case Scenario book (Piven & Borgenicht, 1999). This is a rather light hearted look at ways of escaping from threatening situations such as being attacked by an alligator or being sucked into quick sands. The client thinks about what he/she assumes is the worst thing that can happen. Will he/she die, be injured or physically hurt? It is usually pointed out that when ranking

man's greatest fears, public speaking is feared more than death. Does this mean that we would rather die than speak in front of a group? Being embarrassed, failing and being rejected are three other great fears. The spiral of anxiety and panic as shown in a diagram is included in the client's psychoeducation and the value of anxiety for survival puts some rational anxiety into perspective.

Improvement in functioning can be seen after a comparatively short period of time if the client selects two or three changes to focus on.. Even after a one hour session of theraplay a noticeable improvement is evident. However it is recommended that contact with the therapist be kept to monitor progress and to introduce additional strategies as needed throughout the action plan or brief "treatment".

This paper has briefly introduced theraplay, a new approach to working with vulnerable or stressed adult clients. The enabling of physical, social, and cognitive changes can enhance a client's resilience to environmental pressures. Theraplay assists clients in reaching peak performance in life and study when struggling with stress periods in their work or personal situations.

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